

Request to Receive a Report of Health Information Disclosures

Please complete and return this form to a Department of Health and Welfare office.

Available in Spanish. We provide interpreter services at no cost. Call 2-1-1 or 1-800-926-2588 for interpretation assistance. Disponible en espanol. Proveemos servicios de intérprete sin costo alguno. Llame al 2-1-1 ó al 1-800-926-2588 para obtener la ayuda de un intérprete.

Client Name(First, MI, Last)	Client Date of Birth
Client Home Address	
Client Mailing Address (if different)	
Client Telephone	
Requestor Name (if different than client)	
Requestor Telephone Requestor	r Fax Number (optional)
Please list where you would like us to send our res	sponse to your request.
Name	
Address	
<u> </u>	
What time period do you want the Report of Disclosures to cover?	
(May not be for longer than 6 years from d	
and will not be for disclosures that occurred prior	
The first Report of Health Information Disclosures provided to you in a calend Department of Health and Welfare may impose a reasonable, cost-based fee you within the calendar year. The Department will notify you in advance of the withdraw or modify the request for a subsequent report in order to avoid or respectively.	e for each subsequent request for a report by the fee and provide you with an opportunity to
The Department will notify you in writing if we are unable to res	spond to your request within 10 days.
If this request is being made by someone other than the subject of the inform documentation of your authority to request a report of health information disc	nation, please describe and provide closures for that person
<u> </u>	
Your signature	Date requested
Your signature must be notarized if you submit this request by mail or	fax.
I,, being a Notary Public, d certify that on this day of, 20_ the above individual, having been first duly sworn, appeared before me and state forescion decument.	· ,
the foregoing document.	For DHW Office use only
Signature of Notary Public	ID ProvidedForm Complete
Notary Public residing at	Authority:
Notary Public residing at My commission expires on	Authority: Accessing own records
	Authority: Accessing